

92/293

PRINTED: 04/27/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/16/2015
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NAME OF PROVIDER OR SUPPLIER VINTAGE INN RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 826 EAST BOULEVARD HWY 17 N BYPASS WILLIAMSTON, NC 27892
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of Follow-up Survey by Frank Strickland on 04/16/2015: Some previously cited deficiencies have been field verified for correction. However, the remaining cited deficiencies require action and a new Plan of Correction is required.	{C 000}		
{C 160}	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: Based on observation, the outside grounds were not being maintained safe. Findings on 01/21/2015: A portion of the concrete sidewalk that is located at the East Wing front exit door has settled about 6 inches creating a tripping hazard.	{C 160}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair;	{C 164}		



to be completed by
5/31/15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Laken Quinn

TITLE

Administrator

(X6) DATE

5.10.15

STATE FORM

0890

TO6C22

If continuation sheet 1 of 4

If continuation sheet 2 of 4

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VINTAGE INN RETIREMENT COMMUNITY

826 EAST BOULEVARD HWY 17 N BYPASS
WILLIAMSTON, NC 27892

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{C 189}	Continued From page 2 when the fire alarm test was conducted. b. The following corridor door do not latch: Rooms 51.	{C 189}	(b) work completed by 4-24-15.	
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the building mechanical exhaust ventilation systems are not in place or not maintained in accordance with this Rule. Findings on 01/21/2015: a. The Spa adjacent to Room 43 has no mechanical ventilation. b. The Spas accross the hall from room 31 have no mechanical ventilation. c. The Bathroom for Room 59 has no mechanical ventilation. d. Supply Room with stored chemical has no mechanical ventilation. e. The Main Laundry Room (156 SF) has no	{C 199}	(a-e) work was completed by 4-24-15	

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{C 199}	Continued From page 3 mechanical ventilation.	{C 199}		